ARTICLE 5

SECTION 16

PRESUMPTIVE ELIGIBILITY PROGRAM

1. BACKGROUND

At the end of the 1992 California Legislative Session, the Legislature passed AB 501, which requires the Department of Health Services to implement the federal option of Presumptive Eligibility (PE) for pregnant women as described in Section 1920 of the Social Security Act. The PE program allows qualified Medi-Cal providers throughout the state to provide their low-income pregnant patients immediate, temporary Medi-Cal coverage for prenatal care. These patients must then apply formally for Medi-Cal (or AFDC) at their local County Welfare Department or outstationed clinic site by the end of the month following the month in which PE began. Implementation of this program will begin November 1, 1993. MEM Proc. 5M

NOTE: A patient must enroll in PE through a perinatal provider approved to participate in this program. PE benefits are available only through participating Medi-Cal providers.

2. ELIGIBILITY CRITERIA

A. Income must not exceed 200% of the Federal Poverty Level; and

B. A confirmed pregnancy.

3. QUALIFIED PROVIDERS

A. The criteria for providers to participate in the PE program is simple. In order to be a qualified provider for the PE program, providers are required to:

1) Currently be enrolled as a Medi-Cal provider in good standing; AND

2) Provide perinatal services.

B. Qualified providers are responsible for the following:

1) Offer the PE program to pregnant patients who do not have Medi-Cal or adequate other health coverage. The Patient Fact Sheet (Appendix A1) should be given to the applicant for information;

2) Conduct an income screening on interested applicants for PE by having the applicant complete the Application for Presumptive Eligibility (PREMED 1; see Appendix A2). (If under 21 years of age, see number 5., Minor Consent Eligibles, below.);

- The PE applicant's total family income (obtained from the "Provider Use Only" section of the PREMED 1 form) must be compared with the appropriate line on the "2001 Federal Poverty Level Chart for Presumptive Eligibility" (see Appendix A3). ACWDL I 01-05

- The unborn child is counted as a member of the family and included in the person count.

- An applicant, whose total family income is at or below 200% of the FPL and who is pregnant, qualifies for PE.

3) Inform the applicant at the time of the PE determination that she must file her Medi-Cal or AFDC application within a specified time (before the end of the month following the month of the PE application) in order for her PE to continue;

4) Notify the applicant in writing if she is determined ineligible for PE and that she may still file an application for Medi-Cal with the County. This notice is the Explanation of Ineligibility for Presumptive Eligibility (Appendix B1);

5) Assist the applicant in completing her application for Medi-Cal if needed (Application for Medi-Cal Only/PREMED 2, see Appendix B2), and provide information on where to file her Medi-Cal or AFDC application;

6) Notify the Department of Health Services within 3 working days of those applicants eligible for PE;

7) Inform the Department of Health Services immediately if the applicant is in need of immediate services;

8) Issue proof of eligibility card for PE (PREMEDCARD, Appendix C);

9) Instruct PE patients to use the paper (PREMEDCARD) card until the Medi-Cal or AFDC determination is made and the Benefits Identification Card (BIC) is received, or their PE eligibility ends; ACWD 95-25

10) Access PE eligibility information using the telephone Automated Eligibility Verification System (AEVS);

11) Maintain records of PE applications and provide these records to the Department upon request; and

12) Attend PE training when possible, and keep informed on changes affecting PE through provider bulletins, notices and/or further training.

4. COUNTY RESPONSIBILITY

A. Medi-Cal Intake

Issue the applicant an MC210 along with any other appropriate forms, and follow established county policy for setting up the interview. The application date for Medi-Cal will be the date the PREMED2 is received by the county.

B. AFDC Intake

Upon receipt of the PREMED 2, issue correct AFDC forms (SAWS1 and JA2) and complete the intake process as per current county policy.

C. If the pregnant woman provides the PREMED 2 and applies for Medi-Cal or AFDC before the expiration of her PE eligibility period the worker will:

1) Check MEDS to determine if the applicant is currently on PE;

2) Accept the PREMED 2, and issue the appropriate Medi-Cal or AFDC forms (see B. or C. below) and schedule a face-to-face interview;

3) Update MEDS via 14-28 DSS to have the pending Medi-Cal application linked to the MEDS PE record; and

Exception: Workers will not submit a 14-28 DSS to update MEDS on Minor Consent applicants receiving PE benefits.

4) Complete the Medi-Cal/AFDC determination.

5) If the Medi-Cal/AFDC application is denied, update MEDS via 14-28 DSS to have the PE record terminated.

If the worker determines the applicant is Medi-Cal eligible without a share-of-cost, the eligibility worker reports via CDS or on-line to MEDS. PE stops effective the date Medi-Cal eligibility begins (i.e., the county action to report a Medi-Cal eligible will override PE information on MEDS).

If the worker determines the applicant is eligible with a SOC, or is ineligible for Medi-Cal, PE stops at the end of the current eligibility month.

5. PE TERMINATION

A. If a woman does not visit and present her completed PREMED 2 to the Department of Social Services before expiration of her PE period:

1) PE stops (end of month following the month of PE application).

2) MEDS will show an end date for PE billing.

3) An edit is established on the CA-EV/CMS system that will not allow EDS to pay bills past the end date.

4) If a woman seeks pregnancy services without her PE card, provider will check AEVS. If she is ineligible, private pay arrangements must be made.

B. If the applicant visits DSS before the expiration of her PE period and applies for Medi-Cal or AFDC, PE shall continue for a 60-day period. This 60-day period is established by MEDS when the worker updates the application information via 14-28 DSS linking the PE record on MEDS to the pending Medi-Cal record.

C. If the DSS determines client is ineligible for Medi-Cal, PE stops effective the end of that month. Client is still allowed PE coverage through the end date of the card. The worker must submit a 14-28 DSS requesting the PE record be terminated.

NOTE: If ineligibility is determined after MEDS renewal, PE eligibility will continue the next month.

6. MINOR CONSENT ELIGIBLES

If a minor under 21 years of age applies for PE with her provider, she must provide the total family income to the best of her knowledge. If an applicant does not want her parents to know that she is applying for Medi-Cal, or is not able to provide her family income, the provider cannot offer her PE. Instead, provider will refer her to the DSS (or outstationed clinic site) to apply for Medi-Cal under the Minor Consent Program.

7. AID CODES

Aid Code	Benefits
PE Beneficiaries-200% Program	
7F	Pregnancy Test Only (All Alienage Categories)
7G	Ambulatory Prenatal Care Services Only. (All Alienage Categories)

8. MEDS INTERFACE

A. 14-digit ID number

When a woman is determined eligible for PE by a Qualified Provider, she will be issued a PE identification number. The breakdown is as follows:

- Two digits for County ID (determined by location of provider's office. See Section K. below for more information),

- Aid Code (see section I. above),
- Z for placeholder,
- Four digit provider PE ID number, and
- Five digits randomly assigned.

(EXAMPLE: 37-7G-Z123412-3-45)

This number will appear on her PE CARD and the pregnancy verification (lower portion of the PREMED 2). After determining eligibility, the PE will report this number to the Department via the 800 number or FAX for input into MEDS. The aid code reported to MEDS by the Qualified Provider for PE eligibles will be aid code 7G (200%, Ambulatory Prenatal care--see Section I. above).

9. APPLICATIONS IN COUNTIES OTHER THAN THE COUNTY OF RESIDENCE

If a PE participant applies in a county other than the county of residence, the county receiving the application shall accept the application and submit an on-line transaction to update MEDS. The county accepting the application will then transmit the information to the PE participant's county of residence for Medi-Cal determination.

10. DISCONTINUANCE OF PE AFTER MEDI-CAL DETERMINATION

A. If Medi-Cal or AFDC is approved, PE eligibility will discontinue effective the date of the approval.

B. If Medi-Cal is denied or the worker determines that the MFBU has a SOC, PE eligibility will discontinue at the end of the current eligibility month for those records where the worker submits a 14-28 DSS to MEDS prior to cutoff. PE eligibility will terminate at the end of the next month for those records where the 14-28 DSS is submitted to MEDS after cutoff.

11. AUTOMATIC DISCONTINUANCE 60 DAYS AFTER FILING OF APPLICATION FOR MEDI-CAL OR AFDC

PE eligibility will discontinue 60 days after the date the woman files an application for Medi-Cal or AFDC with the DSS; receipt of the Medi-Cal or AFDC application (PREMED 2 or SAWS 1) in the DSS is the date of application. If as a result of the AFDC determination, 60 days have nearly elapsed since application, DSS must override MEDS to ensure PE eligibility continues pending Medi-Cal; add pending information to MEDS via 14-28 online request. ACWD 95-25

12. AUTOMATIC DISCONTINUANCE ONE MONTH AFTER ESTIMATED DATE OF CONFINEMENT (E.D.C.)

MEDS will automatically discontinue PE one month after the woman's E.D.C. whether or not the woman has applied for Medi-Cal or AFDC.

13. IMMEDIATE NEED AND REPLACEMENT FOR LOST, STOLEN OR DESTROYED PE CARDS — ACWD 95-25

When a PE woman requests a replacement for a lost, stolen or destroyed PE card, the County will be responsible for issuing an immediate need ID card. The woman must provide the 14-digit PE number assigned to her by her provider, or some other information sufficient to access her PE record on MEDS. The county will ensure that the PE participant is made aware that the immediate need card has a "valid through" date of only one month, and that if she has not been approved for Medi-Cal after that month, she needs to ask the county for another immediate need card.

14. RESCISSION

In cases where Medi-Cal is denied and the case is subsequently reopened, workers will submit an on-line transaction to MEDS to reactivate the PE record.

15. MEDS ALERTS

ACWD 95-25

The pending Medi-Cal or AFDC application and MEDs update via 14-28 will initiate production of the next month's PE eligibility and a 60-day worker alert warning when PE eligibility will automatically be discontinued on MEDS.

APPENDIX A

PRESUMPTIVE ELIGIBILITY PATIENT FACT SHEET

What is Presumptive Eligibility?

Presumptive Eligibility (PE) is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care to low-income pregnant women.

Who is Eligible for PE?

Any woman who thinks she is pregnant and whose family income is under a certain amount is eligible for PE; however, she must seek this care through a participating provider. Ask your provider if he/she offers this coverage and how you can apply.

Will PE pay for the pregnancy test?

Yes, if you are eligible, PE will pay your provider for the cost of the pregnancy test.

How long will I be eligible for PE?

You will be eligible for PE until your eligibility for Medi-Cal (or AFDC) is determined. If you fail to apply for Medi-Cal, your eligibility for PE will end at the end of the month following the month in which you first apply for PE.

Will I still be able to get PE while the County Welfare Department is processing my Medi-Cal or AFDC application?

Yes, you will continue to be eligible for PE after you apply for regular Medi-Cal (or AFDC) at your local County Welfare Department until your eligibility for these programs has been determined.

What services does PE cover?

PE covers all walk-in prenatal care services except for delivery, family planning or abortion procedures.

IF YOU HAVE QUESTIONS OR YOU WOULD LIKE TO APPLY FOR PE BENEFITS, ASK YOUR PROVIDER.

APPLICATION FOR PRESUMPTIVE ELIGIBILITY ONLY

Before completing this application, read the directions. If you need help completing this form, please ask your provider for assistance.

SECTION A. APPLICANT INFORMATION

Home Address:	Number	Street	City	Zip Code
Mailing Address if different:	Number	Street	City	Zip Code
Telephone Number(s):	Home	Work	Message	

If no permanent address, tell us where you can be reached.

SECTION B. HOUSEHOLD/INCOME INFORMATION

1. Please list in COLUMN I all family members (spouse, children, parents, siblings) living in your household, their relationship to you, and their date of birth.
2. Has anyone ever asked for or gotten aid anywhere? [ ] YES [ ] NO
3. If you or any family member in your household receive earned or unearned income (include income from employment, self-employment, tips, commissions, pensions, Social Security, child/spousal support, gifts, disability, VA or unemployment benefits, etc.). Net the total amount in COLUMN II under Gross Monthly Income, and where you got the money from under Source.

COLUMN I			COLUMN II	
Name: Last, First, Middle Initial	Relationship	Date of Birth	Gross Monthly Income	Source
	SELF			
	UNBORN			

If you need more space to answer, please write on the back of this sheet of paper and check this box. [ ]

I CERTIFY I HAVE READ AND UNDERSTAND THIS FORM. I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT AND COMPLETE.

Signature or Mark of Applicant (or legal guardian) *Date*

Signature of Witness or Mark of Applicant (or legal guardian) *Date*

STOP!! *THIS COMPLETES YOUR APPLICATION FOR PRESUMPTIVE ELIGIBILITY* ***STOP!!***

FOR PROVIDER USE ONLY

OTHER ID:	*Total Family Income:* *Number in Family:*
TYPE:	*Income Eligible: [ ] Yes [ ] No*

PROVIDER:
ADDRESS LINE 1:
ADDRESS LINE 2:
CITY
TELEPHONE # ( )

NAME:
DOB (MM/DD/YYYY):
MEDI-CAL ID:
VAL (MM/YY): _____
Pregnancy Test Results? [ ] Positive [ ] Negative

PE Provider Signature: _____
PE Provider Title: _____ *Date:* _____ *E.D.C.* _____

PREMED 1 (9/93) *FAX Number 1-800-409-1498*

APPENDIX A

2001 FEDERAL POVERTY LEVEL CHART FOR PRESUMPTIVE ELIGIBILITY (PE) AND INSTRUCTIONS

2001 FEDERAL POVERTY LEVEL CHART-PRESUMPTIVE ELIGIBILITY (PE)
Effective 4/01/2001

Persons	200 Percent-Monthly ($)	200 Percent-Annual ($)
2	1,935	23,220
3	2,439	29,268
4	2,942	35,304
5	3,445	41,340
6	3,949	47,388
7	4,452	53,424
8	4,955	59,460
9	5,459	65,508
10	5,962	71,544
For each additional member add:	504	6,048

Instructions: Compare the PE applicant's total family income (obtained from the "Provider Use Only" section of the MC263-PREMED 1, Application for Presumptive Eligibility Only) with the appropriate line on the chart for the PE applicant's family size. Remember, the unborn child is counted as a member of the family. For example, a household containing only a pregnant woman would be considered a two-person family, the mother and the unborn. If the applicant's income is at or below the income level for their family size, they qualify for PE.

For more information on determining income and family size for PE, please consult your OB Provider Manual, Section 200-92.

APPENDIX B

Provider Name:
Provider Address:

Provider Telephone Number:
Patient Name:
Patient Address:

Date:

EXPLANATION OF INELIGIBILITY FOR PRESUMPTIVE ELIGIBILITY

This is to advise you that, based on the information you provided, you are not eligible for the Presumptive Eligibility Program for Pregnant Women because of the reason checked below:

[ ] Your total family income is more than 200% of the Federal Poverty Level for your family size.

[ ] You are not pregnant.

Signature	Name of Person Completing Determination	Title

NOTICE: You may be eligible for the regular Medi-Cal program or other County medical programs. To get more information about who qualifies and how to apply, please call the number in the County Government section of your Telephone Directory for the County Welfare Department nearest where you live.

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR MEDI-CAL PROGRAM ONLY

If you are applying for the Medi-Cal Program only, please complete this form. If you wish to apply for other programs such as AFDC, do not complete this form; take this form to the County Welfare Department and tell the receptionist you wish to apply for these programs. NOTE: You must return this form (PREMED 2) to your County Welfare Department by the end of next month in order for PE coverage to continue. Please complete items 1 through 8 and sign the Certification and Perjury Statement below.

1. Home Address (Number/Street/City/Zip Code)

Mailing Address if Different (Number/Street/City/Zip Code)

2. Telephone Number(s): (Home/Work/Message)

3. If no permanent address, tell us where you can be reached.

4. Please read "WHAT WE MEAN WHEN WE SAY ON THE FORM" on the attached coversheet before answering this question. DO NOT ANSWER THIS QUESTION IF YOU ARE APPLYING FOR RESTRICTED MEDI-CAL BENEFITS → Social Security Number / /

5. How much liquid resources does everyone, including children, have?
   - ☐ Cash, uncashed checks or money orders $_____
   - ☐ Checking/savings or credit union account(s) $_____
   - ☐ Trust deeds, notes receivable, stocks or bonds $_____
   - ☐ Other $_____

   (explain):

6. Has anyone ever asked for or gotten aid anywhere? ☐ YES ☐ NO
   If YES, explain under what name, where, when and type(s) of aid.

7. Does anyone have a personal emergency? ☐ YES ☐ NO
   If YES, what kind?
   ☐ Medical ☐ Pregnancy ☐ Child Abuse ☐ Spousal Abuse ☐ Other
   Do you have another kind of emergency which threatens your health or safety? ☐ YES ☐ NO
   If YES, explain:

8. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the County will do it for you. This won't affect your eligibility.
   a. Ethnic Group: ☐ White ☐ Hispanic ☐ Black ☐ Filipino ☐ Chinese ☐ American Indian or Alaskan Native ☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Japanese ☐ Korean ☐ Guamanian ☐ Samoan ☐ Vietnamese ☐ Hawaiian ☐ Other Pacific Islander (specify)

   b. Language: ☐ English ☐ Cantonese ☐ Lao ☐ Tagalog ☐ American Sign ☐ Spanish ☐ Cambodian ☐ Vietnamese ☐ Other (Specify):

COUNTY USE ONLY
COUNTY OF APPLICATION:

Co. of Residence (If Diff.):

Date Received:

Case Name:

Case Number:

TYPE OF APPLICATION
☐ Full

☐ Restricted
☐ MEDS CDB cleared

☐ IEVS initiated

☐ CWD records cleared

Ethnic Group:

Primary Language:

CERTIFICATION AND PERJURY STATEMENT

- I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

Signature (or Mark) of Applicant or Authorized Representative — Date Signed

Signature of Witness to Mark or Interpreter — Date Signed

FOR PROVIDER USE ONLY – PREGNANCY VERIFICATION

NAME:
DOB:
MEDI-CAL ID:
VAL (MM/YY): _____

PE Provider Signature: _____ *Pregnancy Test Results?* ☐ *Positive* ☐ *Negative*
PE Provider Title: _____ *Date:* _____ *E.D.C.* _____

PREMED 2 (8/93) (REQUIRED FORM – NO SUBSTITUTIONS PERMITTED)

APPENDIX C

MEDI-CAL

PRESUMPTIVE ELIGIBILITY IDENTIFICATION CARD

SIGNATURE/FIRMA:_____ DATE/FECHA:_____

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER PRESUMPTIVE ELIGIBILITY

*** * * VALID FOR AMBULATORY PRENATAL CARE SERVICES ONLY * * ***

NAME:
DOB:
MEDI-CAL ID:
*VAL (MM/YY):*_____

*PE Provider Signature:*_____

*PE Provider Title:*_____ *Date:*_____

PREMEDCARD (8/93) (REQUIRED FORM – NO SUBSTITUTIONS PERMITTED)